SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Detai		M. J.	•			Manmauth		
Public Employer:	Township of Colts					County: Monmouth Employees in Unit: 9		
Employee Organization	CWA Local 1038							
Base Year Contract Term: 1/1/2009		12/31/2011	12/31/2011 New Contract Term 1/1/2		12/31/2014			
Type of Settlement:	☐ Mediated Settle	ment 🔲 Fa	act-Finder Recomm	endation	☑ Voluntary Settleme	ent 🔲 Supe	er Conciliation	
		Column A Base Year - Total Costs (Last Year of Previous agreement)		New Base	Column B New Base Year - Total Costs (First Year of Successor agreement)			
Section II: Economic								
Item 1 Sala	iry		\$530,667		\$535,974	· · · · ·		
	ement	 .	\$0	•	\$0			
	gevity	_	\$8,500		\$8,500			
Item 4	· · · · · · · · · · · · · · · · · · ·	_			·			
Item 5		_			I ——			
Item 6		_		-	-			
Item 7			ļ			·		
Item 8				·		· · · · · · · · · · · · · · · · · · ·		
Item 9		- · .	l.————	**			,	
Item 11		-						
Item 12								
Any additional items list on separate she	eet	Additional Items						
	· · · · · · · · · · · · · · · · · · ·							
Section III: Totals - Sum of costs in each column			\$539,167	5539,167		\$544,474		
				(Total)		(Total)		
Section IV: Analysis of new success	or agreement		NEW AGR	EMENT ANALYSIS			***************************************	
Total Base Year(previous agreement)	\$539,167	•						
							•	
Effective Date (m/d/yyyy)		1/1/2012	1/1/2013	7/1/2013	1/1/2014	7/1/2014		
Percent Increase		1%	1%	1%	1%	1%		
Total cost of increase		\$5,307	\$5,360	\$5,413	\$5,467	\$5,522		
Total base salary (successor agreement)	\$535,974	\$541,334	\$546,747	\$552,214	\$557,736		
Section V: Impact of Settleme	ent - average annual in	crease over term of agi	reement					
Percentage Impact (average per year ov	ver term of agreement)	1.00						
Dollar impact (average per year over ter	m of agreement)	\$5,414.00						
0								
Section VI	·							
Health Insurance (Indicate costs associa	ated on each line)	Base Year	Year 1					
Cost of Health Plan		\$152,753	\$131,972				•	
Employee Contributions		\$7,975	\$9,578					
Prescription		\$0	\$0					
Dental		\$13,034	\$10,311					
Vision		\$0	\$0					
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The undersigned certifies th	iai une toregoing tiguri	es are true and is awai	e crac ir any of the	iuregoing items are f	aise, Sine is Subject to	punisment.		
Section VII	Delemen.	don	•	-	us. Township A	Aministrator		
Prepared by:	Robert Bo	Witen Brint Name		- ^{TI}	tle: Township A	Administrator		
	///	1/2	8=	n:	ate: 8/22/2012			
	161	Signature	1,10	_	-11		_	